



OCEMS POLICY 315.00 EMT ACCREDITATION ATTACHMENT I



TITLE 22 AND OCEMS ACCREDITED EMT SCOPE OF PRACTICE COMPARISON

Title 22, CCR § 100063. Scope of Practice of Emergency Medical Technician (EMT).

- (a) During training, while at the scene of an emergency, during transport of the sick or injured, or during interfacility transfer, a supervised EMT-I student or certified EMT-I is authorized to do any of the following:
 - (1) Evaluate the ill and injured
 - (2) Render basic life support, rescue and emergency medical care to patients.
 - (3) Obtain diagnostic signs to include, but not be limited to, the assessment of temperature, blood pressure, pulse and respiration rates, level of consciousness, and pupil status.
 - (4) Perform cardiopulmonary resuscitation, including the use of mechanical adjuncts to basic cardiopulmonary resuscitation. (5) Use the following adjunctive airway breathing aids:
 - (A) oropharyngeal airway;
 - (B) nasopharyngeal airway;
 - (C) suction devices;
 - (D) basic oxygen delivery devices; and
 - (E) manual and mechanical ventilating devices designed for prehospital use.
 - (6) Use various types of stretchers and body immobilization devices.
 - (7) Provide initial prehospital emergency care of trauma.
 - (8) Administer oral glucose or sugar solutions.
 - (9) Extricate entrapped persons.
 - (10) Perform field triage.
 - (11) Transport patients.
 - (12) Set up for ALS procedures, under the direction of an EMT-II or Paramedic.
 - (13) Perform automated external defibrillation when authorized by an EMT AED service provider.
 - (14) Assist patients with the administration of physician prescribed devices, including but not limited to, patient operated medication pumps, sublingual nitroglycerin, and self-administered emergency medications, including epinephrine devices.
- (b) In addition to the activities authorized by subdivision (a) of this section, the medical director of the local EMS agency may also establish policies and procedures to allow a certified EMT-I or a supervised EMT-I student in the prehospital setting and/or during interfacility transport to:
 - (1) Monitor intravenous lines delivering glucose solutions or isotonic balanced salt solutions including Ringer's lactate for volume replacement;
 - (2) Monitor, maintain, and adjust if necessary in order to maintain, a preset rate of flow and turn off the flow of intravenous fluid; and

OCEMS Policy 315.00 - OCEMS Local EMT Accredited Scope of Practice

- (A) During training, while at the scene of an emergency, during transport of the sick or injured, or during interfacility transfer, an OCEMS accredited EMT or EMT student supervised by an OCEMS accredited EMT is authorized to do any of the following:
 - (1) **same as state**
 - (2) **same as state**
 - (3) **same as state** with blood oxygen saturation level added
 - (4) **same as state**
 - (5) **same as state**
 - (a) **same as state**
 - (b) **same as state**
 - (c) **same as state**
 - (d) Administer oxygen utilizing basic oxygen delivery devices
 - (e) Manual and mechanical ventilating devices
 - (6) Use stretchers and body immobilization devices including long boards, short boards, KED boards, pediatric immobilization devices and cardboard or vacuum splints.
 - (7) **same as state**
 - (8) **same as state**
 - (9) **same as state**
 - (10) Perform field triage based on OCEMS policies and procedures including MCI policy # 900.00.
 - (11) Transport patients based on OCEMS policies, procedures, and treatment guidelines.
 - (12) **same as state**
 - (13) Perform automated external defibrillation
 - (14) **same as state** (b)(1)
 - (15) **same as state** (b)(2)
 - (a) Total parenteral nutrition (TPN)
 - (b) Folic Acid
 - (c) Thiamine
 - (d) Multivitamins
 - (e) Antibiotic, antifungal, and antiviral Agents
 - (16) Transfer of a patient, who is deemed appropriate for Basic Life Support transfer by the transferring physician, and who has any of the following:
 - Nasogastric tubes (NG), Colostomy bags,
 - Gastrostomy tubes, Urostomy bags,
 - Heparin locks, Foley catheters,
 - Tracheostomy tubes, Enteric Feeding tubes, Continuous flow oxygen, and
 - Thoracostomy (chest) tube(s)
 - Hemodialysis shunts (both subcutaneous and external), Long-term established central venous lines (e.g. PIC lines) for on-going medication administration
- * **Arterial lines and central vascular access lines that are used for monitoring of patient vital statistics are excluded from EMT transport.**



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<p>(3) Transfer a patient, who is deemed appropriate for transfer by the transferring physician, and who has nasogastric (NG) tubes, gastrostomy tubes, heparin locks, foley catheters, tracheostomy tubes and/or indwelling vascular access lines, excluding arterial lines;</p> <p>(4) Monitor preexisting vascular access devices and intravenous lines delivering fluids with additional medications pre-approved by the Director of the EMS Authority.</p>	<p>(17) Assist ALS providers to perform blood glucose determination.</p> <p>(18) Transport Patients with subcutaneous or intravenous implanted or external patient-operated pumps infusing but not limited too:</p> <ul style="list-style-type: none"> (a) Insulin (b) Meperidine (Demerol) (c) Morphine (d) Total Parenteral nutrition (TPN) <p>(19) Transport patients with Fentanyl patches previously placed on the patient.</p> <p>(20) Transport patients with Nitrobid, nitroglycerine patches, nitroglycerine paste or clonidine patches previously placed on the patient.</p> <p>(21) If available and indicated, allow patient self-administration or assist patient with physician prescribed emergency medications limited to the following:</p> <ul style="list-style-type: none"> (a) Nitroglycerine aerosol or tablets (b) Albuterol inhalation - metered dose inhaler or nebulizer treatment. (c) Epinephrine auto-injector (d) Aspirin <p>(22) Assist ALS providers in placement of 12-lead ECG leads</p> <p>(23) Assist ALS providers by handing them the flexible intubation guide during endotracheal intubation.</p> <p>(24) Place pulse oximetry probes and record oxygen saturation results</p> <p>(25) Place mechanical tourniquets for uncontrolled external bleeding of extremities.</p> <p>(26) Place and initiate operation of the Autopulse® external chest compression device for management of cardiopulmonary arrest.</p> <p>(27) Perform self administration of atropine and 2-PAM by means of Duodote® or Mark-1 kit.</p> <p>(28) Withhold resuscitation of a patient meeting declared dead criteria identified in OCEMS policy 330.50 or honor a DNR request, Advanced Healthcare Directive or California POLST form as defined by OCEMS policy 330.51.</p>